

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 11 1934

1. PLACE OF DEATH

County Bates
Township mt Pleasant
City Robert

Registration District No. 50
Primary Registration District No. 5074

File No. 28266
Registered No. 65
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 75 Don't know

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. H. J. Radford
Superintendent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE August 30, 1934

19. UNDERTAKER (ADDRESS) Butler Bros

20. FILED Aug 30, 1934 Miss L. Carter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Aug 29, 1934.
Last saw him alive on Aug 29, 1934. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 12/1

1200 131

Other contributory causes of importance:
Chronic Catarrh

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Radford, M. D.

(Address) Butler Bros

Directions

BOB. HAMANN.

WPA. ST. LOUIS

Dr.